					Approved for u	PTO/SB/17 (07-08) se through 01/31/2007 ONB 0651-0022 a U.S. DEPARTMENT OF COMMERCE					
			UnderthePaperworkReductionAct	of 1995 ropersons are required to re	U.S. Patent and Trademark Offic spondoacollections/informations	<ul> <li>U.S. DEPARTMENT OF CONNERCE inlessitärsplaysavalis@V/Bcontrolnumber</li> </ul>					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			,	Complete if Known							
		Application Number	r 10/537,751								
FEE TRANSMITTAL		Filing Date	June 6, 2005								
for FY 2007		First Named Inven	tor John Walter Er	nglert							
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Jean Wicel De	Jean Wicel Desir							
TOTAL AMOUNT OF PAY	MENT	(\$) 990	Art Unit Attorney Docket N	2622 p. PU020491							
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498											
☐ Check ☐ Credit Care		,									
Deposit Account Depo		•			HOMSON LICENS	INGLIC					
						NO ELO					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling fee											
Under 37 CFR 1.16 and 1.17											
WARNING: Information on this information and authorization			d information should I	not be included on t	his form. Provide cr	edit card					
FEE CALCULATION											
1. BASIC FILING, SEA	RCH. At	ND EXAMINATION FEE	ES								
,	FILING	FEES S	SEARCH FEES		INATION FEES						
Application Type	Fee (\$)	Small Entity Fee(\$)	Small E Fee(\$) Fee(\$		Small Entity Fee(\$)	Fees Paid (\$)					
Utility	310		510 255	210	105	rees raid (\$)					
Design	210		100 50	130	65	_					
Plant	210		310 155	160	80						
Reissue	310		510 255	620	310						
Provisional	210	105	0 0	0	0						
2. EXCESS CLAIM FEI	S					Small Entity					
Fee Description Fee (\$)						Fee (\$)					
Each claim over 20 (including Reissues) 50						25					
Each independent claim over 3 (including Reissues) 210 105											
Multiple dependent claims 370 185  Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims											
-20 or HP= x = Fee (\$) Fee Paid (\$)											
HP = highest number of total claims paid for, if greater than 20.											
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)											
- 3 or HP=		Y			HP = highest number of independent claims paid for, if greater than 3.						
- 3 or HP= HP = highest number of in	ndependen	X t claims paid for, if greater tha	m 3.								
HP = highest number of in			= in 3.								
HP = highest number of it 3. APPLICATION SIZE If the specification and dr	FEE awings e	t claims paid for, if greater that	(excluding electron								
HP = highest number of it 3. APPLICATION SIZE If the specification and dr listings under 37	FEE awings e CFR 1.52	t claims paid for, if greater that exceed 100 sheets of paper t(e)), the application size f	(excluding electron fee due is \$250 (\$12	5 for small entity)		ıl 50					
HP = highest number of it 3. APPLICATION SIZE If the specification and dr listings under 37 sheets or fraction	FEE awings e CFR 1.52 thereof.	t claims paid for, if greater that exceed 100 sheets of paper (e)), the application size for See 35 U.S.C. 41(a)(1)(G)	(excluding electron fee due is \$250 (\$12 ) and 37 CFR 1.16(s	5 for small entity) ).	for each additiona						
HP = highest number of it  3. APPLICATION SIZE  If the specification and dr listings under 37 sheets or fraction  Total Sheets	FEE awings e CFR 1.52	t claims paid for, if greater that  cceed 100 sheets of paper  c(e)), the application size f  See 35 U.S.C. 41(a)(1)(G)  cheets Number of e	(excluding electron fee due is \$250 (\$12	5 for small entity) ). O or fraction the	for each additiona	il 50 <u>Fee Paid (\$)</u>					

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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE=\$810; IDS=\$180